

Lab 505C  
Rev. 1-99

Kentucky Public Health Laboratory  
100 Sower Blvd., North Loading Dock,  
P.O. Box 2020  
Frankfort, Kentucky 40602-2020  
Phone: 502/564-4446 Fax: 502/564-  
7019

## Fluoride Test For Supplement Program

(Please complete a separate form for each water supply.)

### Name of Child(ren):

Sex:

DOB:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Address

City

State

Zip Code

### Name of Parent or Guardian:

### Send Report To:

Office/Clinic

Street Address (P.O. Box)

City

State

Zip Code

County

Phone Number

### Specimen Information:

Water Supply: ☐ Well ☐ Cistern ☐ City ☐ Bottled Water  
☐ Other, specify \_\_\_\_\_

### Laboratory Findings:

\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_. (parts/million)  $\mu\text{g/mL}$

Date Received:

Laboratory Number:

Date Reported:

Technologist: